

# 2001 UNIFORM BUSINESS REPORT (UBR)

102 0400089

DOCUMENT # F95000005786

1. Entity Name  
**WATERMARK REALTY (WCI), INC.**

**FILED**

01 APR 30 AM 10:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>24301 WALDEN CENTER DRIVE BONITA SPRINGS FL 34134</b>	Mailing Address <b>24301 WALDEN CENTER DRIVE BONITA SPRINGS FL 34134</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number <b>65-0619884</b>	Applied For
	Not Applicable

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>HASTINGS, VIVIEN 24301 WALDEN CENTER DR. BONITA SPRINGS FL 34134</b>
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7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable) <b>200004192212--9</b>
City
Zip Code <b>FL</b>

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. **LS**

SIGNATURE \_\_\_\_\_ (Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	<b>FILE NOW!</b> After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>STARKEY, JERRY L</b> <b>24301 WALDEN CENTER DR</b> <b>BONITA SPRINGS FL 34134</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>FLINN, MILTON G</b> <b>24301 WALDEN CENTER DR</b> <b>BONITA SPRINGS FL 34134</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>DIETZ JAMES</b> <b>24301 WALDEN CENTER DR</b> <b>BONITA SPRINGS FL 34134</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD</b> <b>HOFFMAN JR, ALFRED</b> <b>2020 CLUBHOUSE DRIVE</b> <b>SUN CITY CENTER FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>ACKERMAN, DON E</b> <b>24301 WALDEN CENTER DR</b> <b>BONITA SPRINGS FL 34134</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVP/ D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Starkey, Jerry L.</b> <b>24301 Walden Center Drive</b> <b>Bonita Springs, FL 34134</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVP / T / D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Dietz, James P.</b> <b>24301 Walden Center Drive</b> <b>Bonita Springs, FL 34134</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEO</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Hoffman, Alfred Jr.</b> <b>24301 Walden Center Drive</b> <b>Bonita Springs, FL 34134</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Herman, Roger</b> <b>24301 Walden Center Drive</b> <b>Bonita Springs, FL 34134</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D / SVP</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Fry, David L.</b> <b>24301 Walden Center Drive</b> <b>Bonita Springs, FL 34134</b>

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: Vivien N. Hastings Vice President  
4/9/01 (941) 947-2600  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)

2001 Uniform Business Report  
Watermark Realty (WCI), Inc.  
Document No. F95000005786

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10. V  
Robert C. Beyer, Jr.  
24301 Walden Center Drive  
Bonita Springs, FL 34134
- V  
Steven C. Adelman  
24301 Walden Center Drive  
Bonita Springs, FL 34134
- VS  
Vivien N. Hastings  
24301 Walden Center Drive  
Bonita Springs, FL 34134
- VAS  
James D. Cullen  
24301 Walden Center Drive  
Bonita Springs, FL 3414